

Department of Regulation & Licensing

State of Wisconsin
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TRS# 1-800-947-3529, impaired only

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BUREAU OF HEALTH SERVICE PROFESSIONS

FACULTY / EDUCATIONAL ADMINISTRATOR QUALIFICATION RECORD

Information requested is required for processing.

Completion of this form is required by all schools in order to maintain approval of the board. This form is to be kept on file in the school of nursing office and available to the Board upon request. The information collected on this form will be used to determine compliance with standards in sec. N 1.06, Wis. Adm. Code.

Applicant's Name (Last, First, Middle) Wisconsin RN Licensure ☐ Yes ☐ No

Position:

☐ Educational Administrator

☐ Faculty

Date Appointment Effective:

Employment Status:

☐ Full-time

☐ Part-time

School of Nursing Employed By:

Subjects Hired to Teach:

Educational Preparation (Include Nursing School, College, University & Special Studies)

Name of Institution	Location	Period Attended	Date Graduated	Diploma Degree, or # Credits	Major	Minor
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State of Wisconsin Department of Regulation & Licensing

Nursing Practice Experience (Please List Most Recent First)

From Mo/Yr	To Mo/Yr	Part or Full-time	Employer	Location City State	Position Title
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Nursing Education Experience (Please List Most Recent First)

From Mo/Yr	To Mo/Yr	Part or Full-time	Employer	Location City State	Position Title
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Signature of Educational Administrator